

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$782.56 for dates of service 06/02/01, 07/07/01, 07/09/01, and 12/03/01.
- b. The request was received on 06/04/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. TWCC 66c forms
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No response found in the file.
3. The Commission requested two copies of additional information via a Fee Letter (MR116) that was mailed to the Requestor on 07/11/02. The Requestor did not respond per Rule 133.307(g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307(g)(4). There was no response to the Request for Dispute Resolution found in the file. The No Response Found is reflected as Exhibit II.

### **III. PARTIES' POSITIONS**

1. Requestor: Per the Table of Disputed Services the Requestor has stated, "These claims have been filed in a timely manner and several times again and we have yet to receive a response."
2. Respondent: No response found in the case file.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 06/02/01, 07/07/01, 07/09/01, and 12/03/01.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
06/02/01 07/09/01	Hydrocodone 10/500 #56	\$48.67 \$48.67	\$0.00 \$0.00	No EOBs No EOBs	AWP/unit x number units x 1.09 +\$4.00	MFG; Pharmaceutical Fee Guideline; (II) (A) (2) (II)(B)	The carrier did not respond to the dispute. There were no EOBs found in the dispute packet. Therefore, the dispute will be reviewed as a fee. The provider billed in accordance with the referenced Rule. Therefore, reimbursement is recommended in the amount of <b>\$97.34</b> .
07/07/01 12/03/01	Wellbutrin SR 150mg #60 Wellbutrin SR 150mg #60	\$114.13 \$114.13	\$0.00 \$0.00	No EOBs No EOBs	AWP/unit x number units x 1.09 +\$4.00	MFG; Pharmaceutical Fee Guideline; (II) (A) (2) (II)(B)	The carrier did not respond to the dispute. There were no EOBs found in the dispute packet. Therefore, the dispute will be reviewed as a fee. The provider billed in accordance with the referenced Rule. Therefore, reimbursement is recommended in the amount of <b>\$228.26</b> .
07/09/01 12/03/01	Celebrex 200mg #60 Celebrex 200mg #60	\$168.60 \$184.04	\$0.00 \$0.00	No EOBs No EOBs	AWP/unit x number units x 1.09 +\$4.00	MFG; Pharmaceutical Fee Guideline; (II) (A) (2) (II)(B)	The carrier did not respond to the dispute. There were no EOBs found in the dispute packet. Therefore, the dispute will be reviewed as a fee. The provider billed in accordance with the referenced Rule. Therefore, reimbursement is recommended in the amount of <b>\$352.64</b> .
12/03/01	Ultram 50mg #56	\$56.04	\$0.00	No EOBs	AWP/unit x number units x 1.09 +\$4.00	MFG; Pharmaceutical Fee Guideline; (II) (A) (2) (II)(B)	The carrier did not respond to the dispute. There were no EOBs found in the dispute packet. Therefore, the dispute will be reviewed as a fee. The provider billed in accordance with the referenced Rule. Therefore, reimbursement is recommended in the amount of <b>\$56.04</b> .
12/03/01	Trazadone 150mg #30	\$48.28	\$0.00	No EOBs	AWP/unit x number units x 1.09 +\$4.00	MFG; Pharmaceutical Fee Guideline; (II) (A) (2) (II)(B)	The carrier did not respond to the dispute. There were no EOBs found in the dispute packet. Therefore, the dispute will be reviewed as a fee. The provider billed in accordance with the referenced Rule. Therefore, reimbursement is recommended in the amount of <b>\$48.28</b> .
<b>Totals</b>		\$782.56	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$782.56</b>

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$782.56 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5<sup>th</sup> day of March, 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb